

8.B. When did you start participating in the plan?

8.C. Are you still participating in the plan?

☐ YES

☐ NO. I completed the plan _____
(date completed)

☐ NO. I stopped participating in the plan before completing it. (Please explain why you are no longer participating.)

8.D. Types of services or tests provided (for example: intelligence or psychological testing, vision, physicals, hearing, workshops, schools, colleges):

If you need more space, use SECTION 10 - REMARKS.

SECTION 9 - INFORMATION ABOUT YOUR DAILY ACTIVITIES

Complete SECTION 9 if you are age 18 years old or older.

9.A. Describe what you do in a typical day.